

## STATE OF NEBRASKA DEPARTMENT OF INSURANCE 941 "O" Street, Suite 400

Lincoln, Nebraska 68508 (402) 471-2201

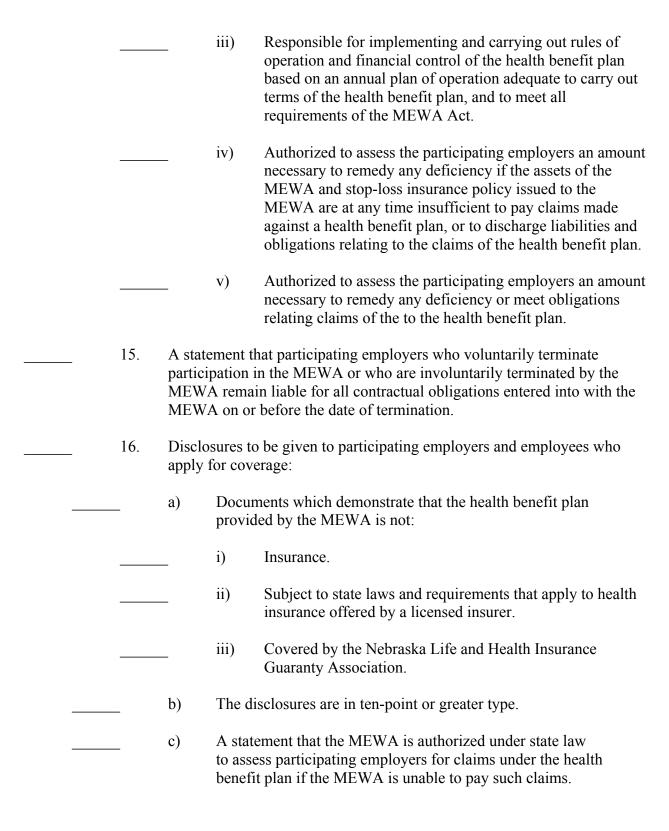
## http://www.doi.ne.gov

Applicant Name:\_\_\_\_\_

State of Domicile:	
Home Office Address	S:
	Phone:
Federal ID Number:_	
Date Commenced Bu	siness:
Fees: Application Fee	e is \$1000. Checks made payable to the Nebraska Department of Insurance
	Multiple Employer Welfare Arrangement Application for Certificate of Registration
Act, the Nebraska D	v. Stat. §44-7601 - §44-7617, The Multiple Employer Welfare Arrangement of Insurance requires the applicant to submit a filing fee and the low in duplicate, to the Department to obtain approval for registration as a selfare arrangement.
1.	\$1000 filing fee.
2.	Articles of incorporation, association or other organizational documents.
3.	Bylaws.
4.	Materials and or documents describing the rights and obligation of employers participating in the multiple employer welfare association.
5.	Trust Agreement.

 . 6		Unaudited financial statement which contains attestation by the Board of Trustees.			
 . 7	'. A	Actuari	al statement that includes:		
	_ a	,	A statement that rates charged and reserves are sufficient to pay both (a) incurred claims, and (b) incurred but not reported claims, and (c) associated expenses for the health benefit plan.		
	_ t	*	Confirmation that the required stop loss insurance policy is in force.		
 . 8	. F	Financial Statement			
	a	n)	balance sheet		
	t	<b>o</b> )	income statement		
	C	e)	statement of cash flow		
	Ċ	d)	Form 5500		
	e	e)	Form M-1		
 . 9	). I	Health	benefit plan		
	a	ı)	Summary plan description		
	t	,	Proposed advertising materials used in the solicitation employers which will participate in the health benefit plan.		
 . 1	t	All contracts and other instruments proposed to be made offered or so the multiple employer welfare arrangement to employers participating the MEWA's health benefit plan.			
 . 1		The contract with the third party administrator which administers the plaif any.			
 . 1	2. S	Stop loss insurance policy			
	a	*	Binder or stop loss insurance policy by an insurer licensed in Nebraska.		
	ŀ	o)	Policy provides coverage in excess of the MEWA's retention of		

				ggregate basis.		
	_	c)	covera	contains a provision that insurer may not terminate ge unless the MEWA and the Director of Insurance receive by notice of termination prior to the effective date of ation.		
-	13.	-	ltiple Employer Welfare Association information which includes the owing:			
	_	a)		ment that the MEWA is established and ined by an association of employers.		
	-	b)	substar	ce that the MEWA has been in existence and engaged in ative activity for its members other than sponsorship of a benefit plan for more than three years.		
	_	c)		ment that the MEWA is composed of two or more members which are in the same trade or industry.		
	_	d)		employers and employees who participate or will pate in the health benefit plan offered by the MEWA.		
	-	e)	from tv	ment that the MEWA has applications for participation wo or more members who are employers and which has an ate of 200 or more participating employees.		
-	14.	Board of Trustees				
	-	a)	owners	ce to support that the Board of Trustees is composed of s, partners, officers, directors, or employees of one or more cipating employers.		
	_	b)	Evidence to support a statement that no member of the Board of Trustees is an owner, officer or employee, or a partner in, or contract administrator, or other service provider to the health benefit plan or of any third party administrator of the MEWA.  A statement that no member of the Broad of Trustees has been convicted of any felony or a Class I, II or III misdemeanor.			
	_	c)				
	_	d)	Documbe:	ents containing provisions that the Board of Trustees shall		
		_	i)	A fiduciary of the trust.		
		_	ii)	The plan administrator for all operations of the health benefit plan.		



e e	and accurate representation of this entity. I agree to notify the nee of any changes pertaining to the above required information
Date	Signature
	Title

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